

REQUIREMENTS FOR SUBMITTING YOUR TEMPORARY EVENT APPLICATION

1. Please answer **ALL** questions. Review your application to make certain you have not missed anything.
2. Incomplete applications will delay the process time.
3. Print legibly so that we may process your application in a timely manner.
4. Make sure you **sign and date** the application on page 4.
5. If you are using a commissary for preparation or storage, include the **signed** commissary agreement on page 7.
6. If you are a licensed facility outside of Lake County include a copy of your license/permit and your most recent health inspection report.
7. Make sure your payment is included with your application.

PLEASE NOTE:

- Permit fees are non-refundable.
- Please allow 3-5 days for mail delivery. Applications must be **received** at least 7 days prior to the event to avoid being charged a late fee.
- Applications that are received with no payment **will not** be processed.
- **If you are applying for a reduced permit fee by having a certified manager please have that manager's certificate on site. If there is no certified manager on site you will be charged the higher fee.**
- If you will have multiple stands at an event ***and*** are applying for the reduced permit fees by having a certified manager you must have a certified manager at **each** stand. One certified manager cannot work at multiple stands.
- If you are using water from a private water well there must be a satisfactory water sample taken within the last 12 months.
- You will receive application approval after we review your paperwork.
- You will receive a checklist of required items needed to operate based on your application.



LakeCounty
Health Department and
Community Health Center

Population Health Services
500 W. Winchester Road, Suite 102
Libertyville, IL 60048-1331
Phone 847-377-8040
Fax 847-984-5622
www.lakecountyil.gov

FOR OFFICE USE ONLY

TOTAL PAID \$ _____
CASH _____ CHECK # _____
CREDIT CARD: VISA MC AMEX DISC
LAST 4 DIGITS _____
EXP DATE _____ / _____

2014 APPLICATION FOR TEMPORARY FOOD SERVICE EVENT

Applications and fees must be **received at least 7 days prior to the event** or a \$33.00 late fee will be assessed.

Fees are non-refundable

IMPORTANT: Complete ALL sections AND answer all questions!

SECTION A – APPLICANT INFORMATION

NAME OF RESTAURANT/ORGANIZATION/INDIVIDUAL APPLYING FOR THIS PERMIT			
CONTACT NAME		CONTACT TELEPHONE #	
ADDRESS OF RESTAURANT/ORGANIZATION/INDIVIDUAL APPLYING FOR THIS PERMIT		CITY	STATE ZIP CODE
HOW DO YOU WANT TO RECEIVE YOUR APPROVAL?		FAX #	E-MAIL ADDRESS
FAX E-MAIL			
ARE YOU REQUIRED TO SUBMIT LCHD APPROVAL TO THE EVENT ORGANIZER OR COORDINATOR?			
YES NO IF YES, BY WHAT DATE?			
ARE YOU A LICENSED LAKE COUNTY FOOD FACILITY WITH A CURRENT PERMIT?		ARE YOU A LICENSED FOOD FACILITY OUTSIDE OF LAKE COUNTY?	
YES NO		YES NO IF YES, ATTACH A COPY OF YOUR MOST RECENT HEALTH INSPECTION (REQUIRED)	
ARE YOU CURRENTLY REGISTERED AS A COTTAGE FOOD OPERATION?		ARE YOU USING A SELF CONTAINED MOBILE TRAILER?	
YES NO IF YES, ATTACH A COPY OF YOUR REGISTRATION		YES NO	
<p>Note: To qualify for a reduced fee or fee waiver you must have one of the certificate types listed below. If you do not please take the free LCHD on-line training course at the link below.</p> <p style="text-align: center;">www.lakecountyil.gov/centralpermitfacility/envhealth</p>			
WILL YOU HAVE SOMEONE ON SITE WHO HAS COMPLETED AN ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH) APPROVED FSSMC COURSE AND SUCCESSFULLY PASSED A STATE EXAMINATION <u>OR</u> THE CITY OF CHICAGO MANAGER CERTIFICATION?			
YES NO IF YES, EITHER COMPLETE THE BELOW SECTION OR ATTACH A COPY OF THE CERTIFICATE (REQUIRED)			
NAME OF CERTIFIED MANAGER		ID OR CERTIFICATE #	EXPIRATION DATE
WILL YOU HAVE SOMEONE ON SITE WHO HAS TAKEN EITHER THE CHICAGO SUMMER FOOD FESTIVAL TRAINING <u>OR</u> LAKE COUNTY HEALTH DEPARTMENT ON-LINE TRAINING THIS CALENDAR YEAR?			
YES NO IF YES, EITHER COMPLETE THE BELOW SECTION OR ATTACH A COPY OF THE CERTIFICATE (REQUIRED)			
NAME OF CERTIFIED MANAGER		EXPIRATION DATE	
ARE YOU APPLYING FOR A NOT-FOR-PROFIT STATUS AND PERMIT FEE WAIVER?			
YES NO If yes, Attach a copy of your tax exempt letter OR list your tax exempt number			

LIST YOUR EVENT(S)

A SINGLE PERMIT IS GOOD FOR UP TO 14 CONSECUTIVE DAYS AT THE SAME LOCATION

A FARMERS MARKET OR SEASONAL PERMIT IS GOOD FOR SIX MONTHS

SECTION B - EVENT INFORMATION			
1.	START DATE	END DATE	TIME OF FOOD SERVICE AM PM
	NAME OF EVENT		
	ADDRESS OF EVENT	CITY	
2.	START DATE	END DATE	TIME OF FOOD SERVICE AM PM
	NAME OF EVENT		
	ADDRESS OF EVENT	CITY	
3.	START DATE	END DATE	TIME OF FOOD SERVICE AM PM
	NAME OF EVENT		
	ADDRESS OF EVENT	CITY	
4.	START DATE	END DATE	TIME OF FOOD SERVICE AM PM
	NAME OF EVENT		
	ADDRESS OF EVENT	CITY	
5.	START DATE	END DATE	TIME OF FOOD SERVICE AM PM
	NAME OF EVENT		
	ADDRESS OF EVENT	CITY	

SECTION C - MENU ITEMS - you must list ALL items that will be served/sold except canned sodas, bottled water, bagged chips, or candy bars						
The Lake County Health Department reserves the right to exclude any menu item						
MENU ITEM	SAMPLES ONLY	PREPARED ON SITE	PREPARED AT A LICENSED FACILITY	HOW WILL FOOD BE PREPARED OR COOKED AT EVENT	HOT HOLD AT EVENT	COLD HOLD AT EVENT

SECTION D - FOOD STORAGE, PREPARATION AND SERVICE INFORMATION		
FOOD PURCHASED PRIOR TO THE EVENT MUST BE EITHER STORED IN A LICENSED FACILITY (SEE ATTACHED COMMISSARY AGREEMENT) OR PURCHASED THE DAY OF THE EVENT AND RECEIPTS OF PURCHASE PROVIDED. NO FOOD MAY BE STORED OR PREPARED AT HOME!		
WHERE WILL FOOD BE STORED <u>PRIOR</u> TO THE EVENT? LICENSED FOOD FACILITY (NAME OF FACILITY & ADDRESS) _____ PURCHASED THE DAY OF EVENT AND PROVIDE RECEIPTS		
WHAT TYPE OF HANDWASHING WILL BE PROVIDED (REQUIRED FOR EVERY VENDOR) PORTABLE (CLOSED CONTAINER W/HANDS FREE SPIGOT) HANDWASH SINK Note: Hand "sanitizers" are NOT an acceptable substitute for required hand-washing set-up	UTENSIL AND EQUIPMENT WASHING 3-COMPARTMENT SINK 3-BUCKETS EXTRA UTENSILS	SOURCE OF WATER CITY WELL
PLEASE PROVIDE THE DISTANCE THAT YOU WILL BE TRANSPORTING FOOD TO THE EVENT	WILL ANY FOOD BE REHEATED AT THE EVENT? YES NO	IF YES, HOW WILL FOODS BE REHEATED TO AT LEAST 165°F? MICROWAVE GRILL OVEN
WHAT EQUIPMENT WILL YOU USE TO CONTROL TEMPERATURES DURING TRANSPORT? COOLERS WITH ICE COLD HOLDING UNIT FOR COLD FOODS HOT HOLDING UNIT FOR HOT FOODS		
HOT-HOLDING EQUIPMENT STOVE CHAFING DISH OVEN GRILL	COLD-HOLDING EQUIPMENT REFRIGERATOR COOLER (WITH ICE) FREEZER NONE	SANITIZING SOLUTION IS REQUIRED CHLORINE (BLEACH) QUATERNARY AMONIUM IODINE
BARE HAND CONTACT MINIMIZED BY GLOVES TONGS SPATULAS PAPER		

I agree to notify Lake County Health Department if any changes are made to menu items.

X _____
 Signature of person in charge of food service operation - **SIGNATURE REQUIRED**

 Date

MENU ITEMS (these are not complete lists but are examples only)	
CATEGORY I	
All prepackaged foods (sandwiches, salads, fruit cups, cheese, etc.)	Juices
Baked goods	Lemonade shake-ups
Bulk candy	Milk
Cooked corn on the cob	Nacho cheese with dispenser
Corn dogs (pre-battered)	Pancakes/waffles
Cotton candy	Peanuts/nuts
Creamers (for coffee), milk, whipped topping	Pizza slices - made at a licensed facility (with a certified manager)
French fries, onion rings, mozzarella sticks, etc.	Popcorn/kettle corn
Frozen drinks	Pretzels
Frozen meat (must provide broker's license)	Samples only (i.e., salsa, dips, baked goods, etc.)
Funnel cakes	Shakes/malts
Hot dogs (with a certified manager)	Smoothies
Ice cream	Snow cones/Italian ices
CATEGORY II	
All ready-to-eat meats/sandwiches (not pre-packaged)	Hot dogs (without a certified manager)
Bratwurst, polish, sausage (pre-cooked or not)	Italian beef-commercially packaged
Chicken breasts or fish fillets for sandwiches	Onion blossoms
Chili (canned)	Pizza slices - made at a licensed facility (without a certified manager)
Corn dogs (battered on site)	Potato pancakes
Cut fruit, sliced cheese (prepared on-site)	Pre-cooked poultry (i.e., chicken wings)
Hamburgers	Samples only (i.e., chicken, vegetables, etc.)
CATEGORY III	
BBQ beef/pork	Poultry-whole/quartered/pieces, raw, marinated or required other on-site preparation
Chili (not canned)	Ribs/Rib tips
Egg rolls, tempura vegetables	Seafood/sushi
Gyros	Tacos/burritos/tamales
Italian beef-prepped at a licensed facility & reheated at event	Turkey/turkey legs
Meat roasts of all types	

What type of permit are you applying for? ***If you have questions regarding what category you will be – PLEASE call us at (847) 377-8040***

CATEGORY I	FEE
1-14 day permit	\$22
Farmers markets only	\$82
Seasonal permit	\$82
CATEGORY II	
1-14 day with a certified manager	\$44
1-14 day without a certified manager	\$82
Farmers markets only (certified manager required)	\$136
Seasonal permit (certified manager required)	\$136
CATEGORY III	
1-14 day permit with a certified manager	\$66
1-14 day permit without a certified manager	\$136
NFP	
Category I, II, or III (certified manager required))	-0-
LATE FEE	
Late fee if application is not received at least 7 days prior to event	\$33

Make check payable to Lake County Health Department and mail to 500 W. Winchester Rd., Suite 102, Libertyville, IL 60048. You may also fax your application to 847-984-5622. To pay with a credit card, please complete the payment form on page 6 and return with your application.



Population Health Services
500 W. Winchester Road, Suite 102
Libertyville, IL 60048-1331
Phone 847 377 8040
Fax 847 984 5622
www.lakecountyil.gov

TEMPORARY EVENT APPLICATION CREDIT CARD PAYMENT

TO PAY BY CREDIT CARD – PLEASE COMPLETE

VENDOR NAME - _____ DATE OF EVENT - _____

Please check one: MASTERCARD VISA DISCOVER AMERICAN EXPRESS

Credit Card #: _____

Cardholder Name: _____ Expiration date: ____/____
(Print name exactly as it appears on the card)

Security Code #: _____
(Back of Card)

Billing Address: _____
Street # Street Name City State Zip

Amount to be charged: \$ _____ Contact Telephone: ____-____-____

Signature: _____

COMMISSARY AGREEMENT

(Do not complete if you are using your own facility)

Date

I, _____ of _____
(Name of owner/operator) (Name of establishment)

located at _____
(Address of establishment)

do hereby give my permission to _____
(Name of mobile unit/temporary event vendor)

to use my kitchen facilities to perform the following:

Preparation of foods such as vegetables or fruits, cutting meats, cooking, cooling, reheating

Storage of foods, single service items, and cleaning agents

Service and cleaning of equipment

X _____
Commissary owner/operator - **SIGNATURE REQUIRED** Phone Number _____

*** If this facility is licensed outside of Lake County, provide a copy of the most recent food inspection report with this commissary agreement. ***

This Commissary Agreement is valid for this calendar year only

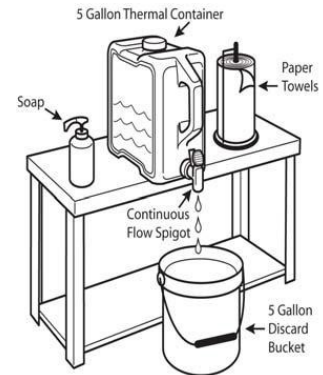
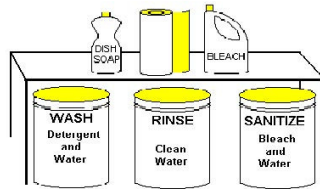
Checklist for Temporary Food Service Events

The following is a checklist to assist you in conducting a self inspection of your temporary event. The items listed represent the minimum essential equipment/supplies needed to operate.

A closed container with a hands free spigot dispensing clean, running water and bucket to catch the wastewater, hand soap and paper towels (for hand washing - minimum 20 seconds)

Four **LABELED** containers for:

1. Wash (W)
2. Rinse (R)
3. Sanitize (S)
4. Wiping Cloth Storage



Sufficient potable water (hoses used to obtain municipal water must be food grade)

Dishwashing soap and sanitizer (bleach, iodine, or quaternary ammonia)

Appropriate chemical test strips to test sanitizer concentrations

Metal stem thermometer accurate to $\pm 2^{\circ}\text{F}$ and reads 0 to 220°F

Equipment and utensils which are in good condition (no chips, pits, etc.)

Equipment and utensils that have been cleaned AND sanitized

Sufficient refrigeration to hold **cold, potentially hazardous foods at 41°F or below** (refrigeration shall be plugged in early enough so that units reach 41°F or below before storing food in them)

Hot holding devices must be provided to maintain **hot, potentially hazardous foods at 135°F or above**

Food shall be from an approved source (labeled and stored in food grade containers) and prepared in a licensed food service facility or at the event—home prepared not allowed

Sufficient (durable and easily cleanable) garbage containers (including dumpsters with lids) to hold all garbage and refuse that accumulates - must be covered when not in use or filled

Single service articles (plastic forks, plates, etc.) provided for customers

Food, utensils and food equipment stored 6" above the ground

Provide facilities to dump wastewater and/or used grease

Provide enough utensils to avoid bare hand contact with ready-to-eat foods (e.g. gloves, deli tissues, tongs, etc.)

Food stand constructed to prevent contamination of food and facilitate cleaning of the food preparation area

All toxic chemicals stored in a separate area away from food and food prep surfaces

Effective hair restraints provided for all employees handling food